

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000063549

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** SENSICARE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160

**New Principal Place of Business:**

17027 W DIXIE HWY  
STE 105  
N MIAMI BEACH, FL 33160

**Current Mailing Address:**

17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160

**New Mailing Address:**

17027 W DIXIE HWY  
STE 105  
N MIAMI BEACH, FL 33160

**FEI Number:** 38-3738750

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KATZ, NAOMI  
17027 W DIXIE HWY STE 105  
N MIAMI BEACH, FL 33160 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D/T  
**Name:** KATZ, NAOMI D/P/T/S  
**Address:** 17027 W DIXIE HWY STE 105  
**City-St-Zip:** N MIAMI BEACH, FL 33160

**Title:** VP  
**Name:** SCHILLE, KIM VP  
**Address:** 17027 W DIXIE HWY STE 105  
**City-St-Zip:** N MIAMI BEACH, FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KIM SCHILLE

VP

04/07/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date